

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

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LOCAL FILE NO.

## FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Marlene Davidson</b>		2. SEX <b>Female</b>									
3. DATE OF BIRTH (Month, Day, Year) <b>October 13, 1936</b>		4a. AGE-Last Birthday (Years) <b>71</b>		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year) <b>June 28, 2008</b>			
6. SOCIAL SECURITY NUMBER <b>560-48-9290</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Burbank, California</b>				8. COUNTY OF DEATH <b>Alachua</b>					
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
10. FACILITY NAME (If not institution, give street address) <b>Parkland Nursing Home</b>						11a. CITY, TOWN, OR LOCATION OF DEATH <b>Gainesville</b>		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married						13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Alachua</b>		14c. CITY, TOWN, OR LOCATION <b>Gainesville</b>		14e. APT. NO.		14f. ZIP CODE <b>32601</b>		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") <b>Professor</b>						15b. KIND OF BUSINESS/INDUSTRY <b>University of Chicago/Education</b>					
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)											
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian											
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Doctorate										19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Unknown Unknown</b>						21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Unknown Unknown</b>					
22a. INFORMANT'S NAME <b>Social Worker</b>						22b. RELATIONSHIP TO DECEDENT <b>Social Worker</b>		23a. INFORMANT'S MAILING - STATE <b>Florida</b>			
23b. CITY OR TOWN <b>Gainesville</b>		23c. STREET ADDRESS <b>224 SE 24th Street</b>				23d. ZIP CODE <b>32641</b>					
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Evergreen Cemetery</b>						25a. LOCATION - STATE <b>Florida</b>		25b. LOCATION - CITY OR TOWN <b>Gainesville</b>			
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)											
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) <b>F045156</b>		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>John Collins</b>							
28. NAME OF FUNERAL FACILITY <b>Moring Funeral Home</b>						29a. FACILITY'S MAILING - STATE <b>Florida</b>					
29b. CITY OR TOWN <b>Melrose</b>		29c. STREET ADDRESS <b>310 SR 26 (P.O. Box 1579)</b>				29d. ZIP CODE <b>32666</b>					
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.											
31a. (Signature and Title of Certifier) <b>Shirley Allen, CDR</b>		31b. DATE SIGNED (mm/dd/yyyy) <b>7/4/08</b>		32. TIME OF DEATH (24 hr.) <b>0228</b>		33. MEDICAL EXAMINER'S CASE NUMBER					
34a. LICENSE NUMBER (of Certifier) <b>ME57870</b>		34b. CERTIFIER'S NAME <b>William P. Egberman MA</b>				35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)					
36a. CERTIFIERS - STATE <b>FL</b>		36b. CITY OR TOWN <b>Gainesville</b>		36c. STREET ADDRESS <b>1000 SW 16th Street</b>				36d. ZIP CODE <b>32610</b>			
37. SUBREGISTRAR - Signature and Date <b>Shirley Allen CDR 07/09/2008</b>				38a. LOCAL REGISTRAR - Signature <b>Shirley Allen CDR</b>				38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>07/09/2008</b>			

Shirley Allen, CDR

February 2, 2010

## WARNING:

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CERTIFICATION OF VITAL RECORD



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